

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12150</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>NORMAN</u> <u>D</u> <u>CHILDRESS</u> P.O. Box, Bldg., Room No., if any <u>P.O. BOX 5444</u> Street _____ City <u>LAFAYETTE</u> State <u>INDIANA</u> ZIP Code + 4 <u>47903</u>	4. Name, file number, and address of labor organization. Name <u>IN-KY REGIONAL COUNCIL of CARPENTERS</u> Labor Organization File Number <u>060-114</u> P.O. Box, Building and Room Number, if any _____ Street <u>2635 MADISON AVENUE</u> City <u>INDIANAPOLIS</u> State <u>INDIANA</u> ZIP Code + 4 <u>46225</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

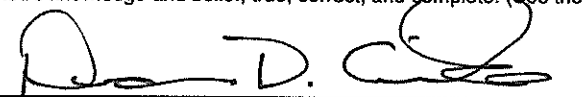
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

08/15/2005

Date

(765) 742-2762

Telephone Number

Name of Person Filing

NORMAN D. CHILDRESS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IN CARPENTERS WELFARE FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 421729Street City INDIANAPOLISState INDIANAZIP Code + 4 46242

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

ADMINISTRATION OF SELF-INSURED
HEALTH AND WELFARE EMPLOYEE
BENEFIT PROGRAM COVERING
MEMBERS IN BARGAINING UNIT
THAT I OVERSEE

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

CASH ADVANCE USED TO OFFSET
RECEIPTED EXPENSES INCURRED
WHILE ATTENDING INTERNATIONAL
FOUNDATION OF EMPLOYEE BENEFITS
TRUSTEE EDUCATIONAL CONFERENCE
12/01/04-12/04/04 NEW ORLEANS, LA

12.b. Amount.

\$1,500 --

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

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14.b. Amount of payment.